## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/580419

| CLAIMS AS FILED - PART I |   |   |   |                                    |                     |   |       | SMALL ENTITY       |  |      | OTHER THAN       |                        |
|--------------------------|---|---|---|------------------------------------|---------------------|---|-------|--------------------|--|------|------------------|------------------------|
| L                        | •   |   | (Colum                                      | nn 1)                              | (Column 2)          |   | _     | TYPE               |  | OR   | SMALL ENTITY     |                        |
| U.S. NATIONAL STAGE FEES |   |   |   |                                    |                     |   |       | RATE               | FEE  | 7    | RATE             | FEE                    |
| BASIC FEE                |   |   | SMALL ENT                                   | . = \$ 150                         | LAR                 | GE ENT. = \$ 300  |       | BASIC FEE          |  | OR   | BASIC FEE        | 300                    |
| EXAMINATION FEE          |   |   | Satisfies PCT A<br>(4) = \$50               | Article 33(1)-<br>0 / \$ 100       |                     | other situations =<br>\$ 100 / \$ 200                       |       | EXAM. FEE          | <del>                                     </del> | 1    | EXAM. FEE        | 1                      |
| SEARCH FEE               |   |   | All other situati<br>Search I<br>= \$ 250 / | Rpt.)                              | U.S. is<br>ALL      | ISA = \$50 / \$ 100<br>other countries =<br>\$ 200 / \$ 400 |       | SEARCH FEE         |  | 1    | SEARCH FEE       | 400                    |
| FEE FOR EXTRA SPEC. PGS. |   |   | minus 100 =                                 |                                    |                     | / 50 =  |       | X \$ 125 =         | <del>                                     </del> | 1    | X \$ 250 =       | 1 100                  |
| TOTAL CHARGEABLE CLAIMS  |   |   | minus 20 = ,                                |                                    | *                   |   |       | X \$ 25 =          |  | OR   | X \$ 50 =        | <del> </del>           |
| IND                      | EPENDENT CL   | -AIMS   | 7 m   | ninus 3 =                          | *                   |   |       | X \$ 100 =         |  | OR   | X \$ 200 =       | -                      |
| MUI                      | LTIPLE DEPEN  | DENT CLAIM PR   | ESENT                                       | ·                                  |                     |   |       | + \$ 180 =         | <del> </del>                                     | OR   | + \$ 360 =       | <del> </del>           |
| * If                     | the difference  | e in column 1 is  | less than zero                              | , enter "0                         | " in co             | olumn 2   | L     | TOTAL              |  | OR   | TOTAL            | 200                    |
| OK TOTAL P               |   |   |   |                                    |                     |   |       |                    |  |      |                  | 10                     |
|                          | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |   |   |                                    |                     |   | _     | SMALL E            | NTITY  | OR   | OTHER<br>SMALL E |                        |
| AMENDMENT A              |   | REMAINING<br>AFTER<br>AMENDMENT   |   | HIGHI<br>NUME<br>PREVIO<br>PAID F  | BER<br>USLY         | PRESENT<br>EXTRA  |       | RATE               | ADDI-<br>TIONAL<br>FEE                           |      | RATE             | ADDI-<br>TIONAL<br>FEE |
|                          | Total   | *   | Minus                                       | **                                 |                     | =   |       | X \$ 25 =          |  | OR   | X \$ 50 =        |                        |
|                          | Independent   | *   | Minus                                       | ***                                |                     | =   | ſ     | X \$ 100 =         |  | OR   | X \$ 200 =       |                        |
|                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                |   |   |                                    |                     |   |       | + \$ 180 =         |  | OR   | + \$ 360 =       |                        |
|                          |   |   |   |                                    |                     |   | -     | OTAL ADDIT.<br>FFF |  | OR   | TOTAL ADDIT.     |                        |
|                          |   | (Column 1)  |   | (Colum                             | n 2)                | (Column 3)  |       |                    |  |      |                  |                        |
| AMENDMENT B              |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |   | HIGHE<br>NUMB<br>PREVIOL<br>PAID F | ST<br>ER<br>JSLY    | PRESENT<br>EXTRA  |       | RATE               | ADDI-<br>TIONAL<br>FEE                           |      | RATE             | ADDI-<br>TIONAL<br>FEE |
|                          | Total   | *   | Minus                                       | **                                 |                     | <b>=</b> ,  |       | X \$ 25 =          |  | OR   | X \$ 50 =        |                        |
|                          | Independent   | *   | Minus                                       | ***                                |                     | =   |       | X \$ 100 =         |  | OR   | X \$ 200 =       |                        |
| •                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                |   |   |                                    |                     |   |       | + \$ 180 =         |  | OR   | + \$ 360 =       |                        |
|                          |   |   |   |                                    |                     | **************************************                      | Ť     | OTAL ADDIT:<br>FFF |  | OR I | OTAL ADDIT.      |                        |
| ***                      | if the "Highest Nu<br>If the "Highest Nu                                      | mn 1 is less than the<br>mber Previously Paic<br>mber Previously Paid<br>nber Previously Paid | l For" IN THIS SPA<br>I For" IN THIS SPA    | ACE is less t<br>ACE is less t     | han '20'<br>han '3' | , enter "20".<br>enter "3"                                  | the a | appropriate box (  | n column 1.                                      |      |                  |                        |